

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012314

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

208

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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|--|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u> | | c. CITY OR TOWN <u>California</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University Medical Center</u> | | d. STREET ADDRESS (If outside, give location) <u>1020 North Owen</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Brooks</u> Middle <u>Marcella</u> Last <u>Tyree</u> | | 4. DATE OF DEATH Month <u>5</u> Day <u>5</u> Year <u>59</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>8-22-15</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 11. BIRTHPLACE (City and state or country) <u>California, Missouri</u> | |
| 13a. FATHER'S NAME <u>Isaiah Russell</u> | | 14. NAME OF HUSBAND OR WIFE <u>James Tyree</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>498-14-9625</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>BLEEDING ESOPHAGEAL VARICES</u> DUE TO (b) <u>LAENNEC'S CIRRHOSIS OF THE LIVER</u> DUE TO (c) <u>?</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>5811</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>36 HRS</u> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>3:00</u> p.m. Month, Day, Year <u>5/5/59</u> | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>University Med. Center</u> | | 20f. CITY, TOWN, OR LOCATION <u>California</u> | |
| 21. I attended the deceased from <u>5/5/59</u> to <u>5/5/59</u> and last saw her alive on <u>5/5/59</u> Death occurred at <u>3:00</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) <u>J. J. Sanders M.D.</u> | |
| 22b. ADDRESS <u>University Med. Center</u> | | 22c. DATE SIGNED <u>5/5/59</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>5/8/59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>California</u> |
| 24. FUNERAL DIRECTOR <u>Earl Boulton</u> | | 25. DATE RECD. BY LOCAL REG. <u>May 5 1959</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Earl Bonlin

Licensed Embalmer No. 2156

P. O. Address California

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.